



June 24, 1985

U. S. Nuclear Regulatory Commission
Attn: Evelyn R. Matson
Materials Licensing Section
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Re: NRC License Number 14-15009-01

Dear Ms. Matson:

Enclosed are additional Training and Preceptor statements for adding Hamed Tewfik, M.D. as a physician user for Groups I, II, III, IV, V, VI, and Xenon-133.

This is not a new request but additional information per your letter of February 13, 1985.

We trust the information contained herein is sufficient to grant our request for addition of Dr. Tewfik on our license and look forward to receipt of that document.

Sincerely,

Mark Guilleckson (Assoc. Admin)
A. James Tinker *for*
Administrator

:amw

RECEIVED BY LFMB	
Date	6/24/85
Log	June 19 - III
By	Jacques
Orig. To	
Action Compl	6/26/85

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REGION III

FEE EXEMPT

Continuation of previous
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TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER HAMED H. TEWFIK, M. D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE IOWA	
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Therapeutic Radiology	June 1974

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	*Alexandria Univ. Hospitals July 1960 to June 1962 *Alexandria University Hospitals July 1962 to June 1967	100 hr. 250 hr	30 hr. 60 hr
b. RADIATION PROTECTION	*University of Iowa Hospitals August 1972 to June 1974 → AS ABOVE : Univ. of Iowa Hosp.	120 hr 40 hr	20 hr 10 hr
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	AS ABOVE : Univ. of Iowa Hosp.	50 hr	---
d. RADIATION BIOLOGY	AS ABOVE : Univ. of Iowa Hosp.	200 hr	100 hr
e. RADIOPHARMACEUTICAL CHEMISTRY	AS ABOVE : Univ. of Iowa Hosp.	40 hr	20 hr

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
CO 60	Amount varied	*Alexandria University Hosp. Alexandria, EGYPT	1962 to 1970	Teletherapy, Brachytherapy, interstitial, intercavitary
Cs 137	According to the pt & the situation	*E.J. Meyer Memorial Hospital, Buffalo, NY	1970 to 1972	
I 131	Conventional standards of practice			
P 32	applied to amount	*University of Iowa Hospitals and Clinics, Iowa City, IA	1972 to 1984	
At 198	Wrote a protocol for human use			
SR 90				
TR 92				

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

HAMED H. TEWFIK, M. D.

STREET ADDRESS

CITY

STATE

ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i>
A	B	C	D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	40	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	24	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	60	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	20	
OTHER			
Tc-99m	BRAIN IMAGING	60	
	CARDIAC IMAGING		
	THYROID IMAGING	36	
	SALIVARY GLAND IMAGING	8	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	120	
	LUNG IMAGING	70	
	BONE IMAGING	80	
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	18	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	30	
I-131	TREATMENT OF THYROID CARCINOMA	24	
	TREATMENT OF HYPERTHYROIDISM	6	
Au-198	INTRACAVITARY TREATMENT	25	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	35	
	INTRACAVITARY TREATMENT	400	
I-125 or Ir-192	INTERSTITIAL TREATMENT	5	
Co-60 or Cs-137	TELETHERAPY TREATMENT	1200	
Sr-90	TREATMENT OF EYE DISEASE	48	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other Au 198 seeds		25	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

July 1, 1960 - June 30 1962: 2100 hours
August 1972 to June 1974 : 1600 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
Howard Latourette M. D.

b. NAME OF INSTITUTION
University of Iowa Hospitals & Clinics

c. MAILING ADDRESS
Department Radiation Therapy

d. CITY
Iowa City, IA 52242

5. MATERIALS LICENSE NUMBER(S)
14-02938-02 Univ. of Iowa 14-2938-07- Univ. of Iowa

6. PRECEPTOR'S SIGNATURE

Howard Latourette MD

Herbert Jackson

7. PRECEPTOR'S NAME (Please type or print)

Howard Latourette, MD Professor Emeritus
Radiation Therapy
Herbert Jackson, Ph.D, Professor
Radiation Physics

8. DATE

5/21/85

5/21/85

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Hamed Tewfik, M. D.

STREET ADDRESS

Hall Radiation Center 603 10th St. SE

CITY

Cedar Rapids

STATE

Iowa

ZIP CODE

52403

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	5	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT	4	
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	6	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	8	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

November 1, 1984 to present--Hall Radiation Center, Mercy Hospital
Cedar Rapids, IA

**4. THE TRAINING AND EXPERIENCE INDICATED ABOVE
WAS OBTAINED UNDER THE SUPERVISION OF:**

a. NAME OF SUPERVISOR

A. Curtis Hass, M. D.

b. NAME OF INSTITUTION

Hall Radiation Center

c. MAILING ADDRESS

603 10th Street S. E.

d. CITY

Cedar Rapids

5. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

A. Curtis Hass
John Lohnes

7. PRECEPTOR'S NAME (Please type or print)

A. Curtis Hass, M.D.

John Lohnes, M.D.

8. DATE

FORM NRC-313M-SUPPLEMENT B
(8-78)

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JUN 20 1985

REGION III